Complete and mail this form, to	gether with apa able	Assist	SUE FEE	loner for Patents 1231	\$ B	ML
MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks through 4 should be completed where appropriate. All further correspondence including the Issue FReceipt, the Patent, advance orders and notification of maintenance fees will be mailed to the curre correspondence address as indicated unless corrected below or directed otherwise in Block 1, by specifying a new correspondence address; and/or (b) indicating a separate "FEF ADDRESS" maintenance fee notifications. CCHREST CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) FO BOX 64150 SUNNYVALE CA 94088-4150 APR 18 2000 E APR 18 2000 E APR 18 2000 E				mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. Marcelle Ivie (Depositor's name)		
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	1	EXAMINER AND GROU	1000	Û 1(Øa(b)S / Û Û DATE MAILED
FINE SERVICES NETWORK INFRASTRUCTURE CACHE Applicant TITLE OF NVENTION						
0 2128 ATTY'S DOCKET NO.	709-217. CLASS-SUBCLASS	000 G97 BATCH NO.	UTILI APPLN TYPE	TY NÜ 4	\$112410m000 4	04//-18//00¢ DATE DUE
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the name of the name				g on the patent front page, list s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a egistered attorney or agent) as of up to 2 registered patent agents. If no name is listed, no printed. Donald E. Schreiber 2 2 3		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE INCA TECHNOLOGY, Inc. (B) RESIDENCE: (CITY & STATE OR COUNTRY) LOS ALTOS, CA 94024 Please check the appropriate assignee category indicated below (will not be printed on the patent) individual corporation or other private group entity government				4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): Issue Fee		
THE COMMISSIONER OF PATENTS AND RAPEMARKS IS requested to apply the Issue Fee to the app				Advance Order - # of	Copies	
(Authorized Signature) (Autho	ed from anyone other than in interest as shown by the sestimated to take 0.2 hours case. Any comments to the Chief Information NOT SEND FEES OR O	the applicant; a registerecords of the Patent accounts to complete. Times on the amount of time Officer, Patent and OMPLETED FORMS	ne will vary ne required Trademark		171 00000100 091216 16	551 210.00 OP 15.00 OP

of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

Patents, Washington D.C. 20231